EVALUATING SERVICES & PROGRAMS

Program Evaluation

Program evaluation was a requirement of the HIV/AIDS Mental Health Services Demonstration Program and a critical component of developing and providing services at each of the 11 Demonstration sites. This chapter describes some of the issues to consider when developing and implementing a program evaluation of HIV-specific mental health services.

DEFINITION OF PROGRAM EVALUATION

Program evaluation means different things to different people. A utilization-focused approach to evaluation was found by some members of the Demonstration Program to be a comprehensive and practical way to conceptualize and evaluate HIV-specific mental health programs. According to Patton (1989), program evaluation is:

"the systematic collection of information about the activities, characteristics, and outcomes of programs for use by specific people to reduce uncertainties, improve effectiveness, and make decisions with regard to what those programs are doing and affecting (p. 14)."

Using this definition, program evaluation is focused on gathering data with the purpose of improving programs and decision-making. For the purposes of this Practical Guide, the remainder of this chapter, incorporating the lessons learned from the 11 Demonstration projects, follows Patton's utilization-focused approach to evaluation.

REASONS TO EVALUATE THE PROGRAM

Because evaluation can be a time- and effort-consuming process, it is important for program administrators and directors to ask themselves: "Why should we evaluate our program?" There are a variety of answers to that question, including:

- **To get a better idea of what the program is doing.** Conducting an evaluation can provide information about the program's activities and the extent to which the program is being implemented as intended.

- **To assess the effects on clients**. An evaluation can provide information on how well a program is accomplishing its goals and objectives. It also can help administrators and the public better understand how a program is helping clients.

- **To improve the program's services**. Evaluation findings can be used to make informed decisions about the program, including where to make improvements, where to cut back on or add resources, and how to bolster weaknesses or enhance successes.

- **To obtain future funding**. Given current federal and state funding priorities and strong emphasis on measuring outcomes, evaluation findings can assist an organization in obtaining funding for the program. For example, sharing evaluation findings with local or state HIV policymakers can lead to increased funding for a program.

- **To disseminate information**. Evaluation findings can be disseminated to service providers, program developers and evaluators, funders, and researchers so that others can benefit from past experiences and avoid making similar mistakes.

- **To meet requirements**. More and more HIV-specific programs are required to evaluate their services and outcomes as part of receiving federal, state, and local dollars. The most forward-looking programs see this requirement as an opportunity rather than a burden.

IDENTIFYING THE PRIMARY USERS OF THE EVALUATION

The Demonstration projects found that, prior to conducting a program evaluation, it was important to identify their stakeholders. Program planners can identify key stakeholders by determining who will benefit most from knowing about the evaluation findings. Stakeholders may include an organization's CEO, clinical director, clinicians, case managers, clients, peers, HIV medical providers, Ryan White planning council members, community leaders, or members of a collaborative network. Stakeholders usually have a lot of influence over the program, the overall organization, and the system of care for people living with HIV. Examples of different stakeholders in the Demonstration Program and the kinds of questions they asked are presented in Figure 9.

Figure 9

Potential Stakeholders What Do They Want to Know?

Clients
- How will mental health services help me?
- Are services consistent with my cultural beliefs and expectations?

Community-Based Organizations (CBOs) and AIDS Service Organizations (ASOs)
- Will mental health services help our clients?
- Will services improve treatment adherence?

Staff
- Does the work I do really help people?
- What can we do better?

Federal, state, and local funding entities
- Are our funds being well-spent?
- Are future requests for funding justified?

The public
- Will this program benefit our community?
- How does this program help people?

There may be a multitude of stakeholders who have a multitude of questions about the program. Often, it is a good idea to start with a small list of stakeholders who have the most investment in the program. These primary stakeholders should be committed to the evaluation process from its initiation through implementation. At any point in the evaluation process, additional stakeholders can be added when:

- There is decreased anxiety around conducting the evaluation

- The scope of questions to be addressed expands to include other people who are invested in the answers

- There is increased confidence regarding the group decision-making process

DOING AN EVALUABILITY ASSESSMENT OF THE PROGRAM

An important "first step" for the program and its key stakeholders is to figure out if the program is ready to be evaluated and who should lead these efforts. One way to accomplish this is to convene stakeholders for a series of meetings to discuss critical areas of the program's functioning. Prior to these meetings, one of the stakeholders should be elected to lead the discussions, to be responsible for providing written feedback to the group, and to develop a written description of the group's responses at the end of the meetings. In the Demonstration Program, it was useful to address questions in each of the following areas:

- **The program's target population**. Who does the program serve? Be specific and exhaustive in the description. If, for example, the target population is "families affected by HIV," how are they affected? Does an adult family member have to be infected? Does the target population include children who are HIV-negative who have lost a caregiver to HIV? What are the demographics, characteristics, and trends (e.g., many more women are presenting with depression at intake) of the target population?

- **The program's mission and philosophy**. What is the program's mission and philosophy? Does it adequately describe the problem that the program is trying to solve? Does it need to be updated to better reflect the services provided? Is the program's mission and philosophy responsive to the needs of the target population? How is the larger organization's mission and philosophy connected to the program's mission and philosophy?

- **The program's goals**. What are the major goals related to achieving the program's mission? What changes are necessary among the target population? What must the program accomplish in terms of its role in the larger community in such areas as community relations, advocacy, education, etc.? Do all of the program's goals have end results, rather than processes or steps leading to results?

- **The program's objectives**. What are the program's objectives? Are they measurable? Are they achievable? Is there a timeframe for accomplishing each objective? Are program objectives really activities, or are they stated with end results? Do the objectives naturally lead to accomplishing program goals?

- **The program's interventions**. For each program objective, what are the services and activities provided by the program that will lead to the accomplishment of the objective? How much of a service or what type of activity is needed? What are the resources needed (e.g., staff, funding, and equipment) to achieve the objectives?

If the stakeholders adequately address each of these areas and develop a written document that describes the group's combined response to each area, the program has made the first step in preparing to be evaluated.

FINDING A PROGRAM EVALUATOR

At this juncture, stakeholders need to determine if the evaluation will require the services of an outside, professionally trained evaluator or if an individual from within the program or group of stakeholders can serve in this capacity.   In the Demonstration Program, all 11 sites hired professionally trained evaluators or researchers. Because evaluation is such a critical component of most HIV programs, it is highly recommended that program administrators and directors seek and utilize the professional services of trained evaluators.

Finding an evaluator who is a "good fit" with a program and its stakeholders can be a fairly involved process. This section is devoted to addressing issues that may arise in achieving this goal. Project Directors in the Demonstration Program found evaluators by:

- Asking colleagues if they knew of any evaluation support in the area

- Contacting Departments of Public Health, Social Work, Epidemiology, Sociology, Psychology, and Health Administration at local universities or community colleges

- Asking local ASOs and CBOs about evaluation support in the area

- Contacting the American Evaluation Association (AEA) for a list of evaluators located in the area

- Referring to the literature on HIV and mental health and identifying researchers whose work they respected and admired

When a list of potential evaluators is obtained, the next step involves contacting individuals to find out about their experience, availability, and interests. Don't be intimidated by this process. There are many evaluators who would welcome the opportunity to expand their experience in the field of HIV. Figure 10 describes some tips on how to choose an evaluator.

Figure 10

Choose the Evaluator Wisely

From the collective experience of the 11 Demonstration projects, the programs with the most compatible program director/evaluator relationships fared much better in terms of developing and implementing an evaluation that was satisfactory for all parties involved. Some tips on how to choose an evaluator include:

- Know communication preferences in advance (in person, in writing, on the phone, via e-mail or faxes, on a regular basis, or on an as needed basis) and how program staff and stakeholders like to learn (through reading, lecture, back-and-forth discussions, or combination of approaches).

- Interview multiple individuals. Don't "settle" for the first one that comes along.

- Make sure he/she is committed to helping stakeholders frame and answer the evaluation questions rather than promoting his/her pet theories or methodologies.

- Ask about the evaluator's methodological preferences (e.g., quantitative vs. qualitative).   This issue is discussed in more detail later in this chapter.

- If the candidate is not experienced and knowledgeable about the focus of the program or the target population, make sure he/she is interested in becoming more experienced and knowledgeable.

- Check references. Ask about the candidate's communication style and listening skills. Find out if he/she is a naturally collaborative and flexible person.

- Don't be overly impressed by the candidates curriculum vitae or résumé. Talk about the candidate's beliefs and values about clients, his/her approach to the work, and experiences with other programs.

- Ask if the candidate has helped other programs write evaluation sections of grants and whether that has been done "pro bono" or for a fee.

- Ask if the candidate has experience disseminating knowledge and information. Find out if he/she is familiar with publishing articles in peer-reviewed journals.

- Ask about the candidate's availability to participate with the program. Also, find out if the candidate uses less-experienced staff to take over their responsibilities once program evaluations are up and running.

Before launching the search for an evaluator, it is important for program administrators to allocate a portion of their program's budget to evaluation. This will help in the negotiation process when the subject of fees arises. While most human service programs are tight for extra dollars, there are creative measures that program administrators can take to pay an evaluator. The end of the fiscal year may be an ideal time to locate resources for this purpose. If none are available, stakeholders can be asked to contribute to the cost of hiring an evaluator. Stakeholders may be more willing to do so if they are a part of the interview process. It may be possible to convince program leaders, administrators, or the Board of Directors that a program evaluation can help the organization generate more revenue to expand programs that serve clients well. Figure 11 describes some incentives that may be useful in obtaining the services of an evaluator.

Once the services of an evaluator are secured, it is recommended that an informal contract be developed that outlines his/her roles and responsibilities in designing and implementing the program evaluation (see Appendix F for an example). When an agreement is reached, it is time to bring together the evaluator and stakeholders with the goal of further defining and describing the program's target population, mission and philosophy, goals and objectives, and interventions. The evaluator needs to be a key figure in guiding this process, ensuring that there is consensus in each area and that this consensus is clearly written down and communicated to key stakeholders. The next step of designing the program evaluation involves focusing on the questions it will seek to answer.

Figure 11

Other Incentives to Obtain the Services of an Evaluator

- Offer access to client and program data that may be used for publishable research.

- Offer access to client and program data for dissertation or master's thesis research.

- Ensure that program staff will assist the evaluator with data collection, relieving him/her from the burden of having to assign extra staff to collect data.

- Discuss ways to collaborate on future projects.

- Discuss ways to collaborate on future grant proposals.

- Offer the potential evaluator an opportunity to analyze results of a randomized experiment that might be done at the program.

- Sell this as an opportunity to expand the potential evaluator's HIV expertise.

IDENTIFYING AND FRAMING EVALUATION QUESTIONS

The worst thing that could possibly happen when a program evaluation is completed is for stakeholders to express the following sentiment:

"The evaluation did not tell us what we really wanted to know."

To keep this from happening, it is imperative that the "right" questions are chosen to be evaluated and that the "right" people are part of the process in choosing these questions. Important questions to ask when identifying and framing evaluation questions are:

- *What is the purpose of the evaluation?*
- *How will the information be used?*
- *What will be understood after the evaluation is completed that is not known now?*

While the answers to these questions may seem straightforward, connecting them to the evaluation questions frequently involves disagreement among the stakeholders as to which evaluation questions need to be asked to satisfy all parties involved. One way to work through this kind of disagreement is to utilize a logic model.

Using a Logic Model. To help stakeholders frame relevant evaluation questions, several evaluators in the Demonstration Program used logic models (See Appendix G for the Chicago Project's logic model). This approach gives stakeholders a way of tying program results or achievements to program inputs or resources. It stresses the importance of making sure a logical relationship exists between a program's goals and what it wants to accomplish. (See Resources for more information on logic models).

Developing a logic model for a program evaluation takes time and effort on the part of both the evaluator and stakeholders. The following guidelines are recommended when undertaking such an endeavor:

- *Educate stakeholders about logic models before one is developed for the program.*
- *Provide examples of other logic models.*
- *Have the evaluator develop a first draft of the program's logic model based on his/her perceptions during the initial meetings. This step will make it easier for the stakeholders to respond to an incorrect logic model versus a blank logic model.*
- *Encourage input and questions about a program's logic model from stakeholders.*

Selecting the type of evaluation to conduct. Using the logic model, the next step is to select the type of evaluation that should be conducted. The choice will depend on the purpose of the evaluation and the type and extent of programmatic and client information desired. Two types of evaluation are:

• **Process Evaluation**. If the stakeholders are interested in the extent to which the program is being implemented as planned, then a process evaluation would be conducted. Process evaluation requires that the evaluator work closely with the stakeholders to determine how they view program implementation versus how program implementation is described in a grant or other program document. Examples of process evaluation questions are:

▪ How many intakes were conducted with newly diagnosed HIV-seropositive clients during the first quarter?

▪ How well did the mental health clinicians coordinate their treatment planning efforts with primary care providers?

▪ How many HIV-infected and -affected clients attended at least 80 percent of the treatment adherence groups?

• **Outcome Evaluation**. If the stakeholders are interested in knowing how well the program is doing in meeting its goals, then an outcome evaluation would be conducted. Examples of outcome evaluation questions are:

▪ Before your HIV-specific mental health program began, how many HIV-seropositive clients kept at least 75 percent of their medical appointments? After your HIV-specific mental health program began, how many HIV-seropositive clients kept at least 75 percent of their medical appointments?

▪ How do high service utilizers differ in their quality of life compared to low service utilizers?

▪ In comparison to other clinics where mental health and substance abuse treatment services are provided, what percentage of HIV-infected clients remain drug-free?

Once the evaluator and stakeholders select the type of evaluation to conduct, it is time to refocus on identifying and framing the evaluation questions. Which program processes should be evaluated? Which outcome would be the most interesting to measure? Needless to say, much confusion may arise at this juncture because of the seemingly endless choices of questions to ask and evaluate. It is the evaluator's responsibility to remind stakeholders to think clearly about the intended uses of the evaluation and to choose only those questions that fit those criteria. (See box for Atlanta's site experience).

After the evaluator and stakeholders have selected the specific process and/or outcome questions to address, it is time to select the evaluation methodology.

Deciding on the methodology. When making evaluation methodology decisions, the goal is to get the best possible data, given available resources and time, to adequately answer stakeholders' questions. The essence of utilization-focused evaluation is to decide on the measures, samples, and comparisons that are most appropriate and credible to address the program's evaluation questions.

It is important for stakeholders to have some information about quantitative and qualitative methodologies because evaluators tend to lean toward one or the other. The dominant paradigm espouses the use of quantitative methods (i.e., using statistical methods under experimental conditions, "hard data"). Most of their proponents believe that this scientific method is superior to the use of qualitative methods (i.e., systematically describing differences in a phenomenon by considering the context and its development, "soft data"). Both methods reflect particular world views.

In actuality, there are strengths and weaknesses in relying solely on either quantitative or qualitative methodologies in an evaluation. What is required is flexibility in attitude and thinking, and creativity in using the most appropriate approaches for the questions at-hand. In addition, the evaluator should be honest about his/her methodological prejudices. More than

"At our site, all of the coalition members were given an opportunity to provide input into the evaluation plan. A preliminary plan was developed by Steve McDaniel, the Project Director; Peter Campos, the Project Coordinator; and me; but this was significantly revised as a function of input from other members. In addition, the other members suggested consumer focus groups, which we conducted, that were used to help develop the intervention itself. All forms were also reviewed by the group, and the evaluation team reported on our progress at monthly coalition meetings."

– James Emshoff, Ph.D.
Chief Evaluator
Atlanta Project

likely, the program's methodology will be a combination of quantitative and qualitative methods because this strategy often produces the most worthwhile findings.

To further ensure that a program is getting the most use of evaluation findings, the evaluator and stakeholders also should consider the following issues when selecting the evaluation methodology:

- **What will the findings look like?** *Imagine what the evaluation findings will look like and how to interpret them. Design a mock-up report or visual representation of the findings, and guide stakeholders through an exercise on how they might actually use the findings.*

"We had to streamline our originally planned local evaluation to meet the needs of our population, who needed to receive services as soon as possible rather than participate in lengthy evaluations. So the lesson for us was that, unlike other dually diagnosed groups, HIV-positive patients seeking substance abuse and mental health services require abbreviated evaluations and rapid entry into treatment for physical and psychological reasons."

– Karen Ingersoll, Ph.D.
Chief Evaluator
Richmond Project

- **Is it okay to start with a simple evaluation?** *Yes, especially if evaluation is a new experience. Start with process evaluation questions. That will give stakeholders an idea of the state of the program's recordkeeping system (see the next bullet). Be successful first with a small endeavor, then expand the scope with additional successes.*

- **How good is the program's recordkeeping?** *Evaluation relies on the program's recordkeeping system. It is important to know when, how well, and by whom records are kept. The four basic types of records that a program's process evaluation may access are resource expenditures; administrative activities; client intake/assessment information; and service delivery activities.*

- **How good is the program's management information system (MIS)?** *Another concern is whether any or all of these records are entered into, stored, and easily accessed through a computerized MIS. If so, are there staff who can help the evaluator access and transfer this information? Numerous questions regarding a program's MIS capacity will need to be addressed as it affects the evaluation methodology in terms of costs, effort, and time.*

- **Will program administrators thwart the evaluation?** *Because the burden of conducting a program evaluation often falls upon the program administrator, he/she must be the one to commit to the evaluation. If program administrators are unwilling to do so, it is unlikely that a good evaluation will take place, even though he/she may pay "lip service" to it.*

- **Will program staff thwart the evaluation?** *Because many evaluations rely on staff to administer evaluation tools and/or document services in new ways, their fears*

and discomfort must be acknowledged and attended to in a firm, respectful manner. There will be less resistance if the evaluation questions are clinically relevant, if staff feel that the evaluator respects and values their work, and if staff perceive the findings as being beneficial to themselves and their clients. Resistance from staff also may be addressed by including them in the group of stakeholders so their points of view are considered.

- **How will the program's intervention affect the methodology?** If the program's intervention is too difficult to define, then it will be very difficult to measure. If treatment changes with each client, then the evaluation will need to be flexible to measure these differences. If there is not enough of an intervention (dosage), then it may not be worth measuring—but it may be worth describing.

- **How will the program's target population affect the methodology?** Developing the evaluation methodology depends directly on the program's target population. Will the measures require clients to read? If so, at what level? Are the measures culturally and linguistically sensitive? When is it ideal to administer pre- and post-test instruments? How intrusive will certain measures be to the engagement process? Will clients need to be paid to participate? Again, having a member of your target population or an HIV-positive peer participate in your group of stakeholders may be one way of understanding and managing these issues.

Deciding what information and how much data to gather in an evaluation involves difficult decisions and trade-offs. For example, stakeholders may decide to conduct qualitative interviews only with clients who successfully complete treatment. The trade-off is not knowing how and why the program failed to work with clients who dropped out of treatment. In general, collecting more data costs more and takes more effort and time, but getting less data may reduce confidence in your findings. Issues of reliability and validity need to be addressed by the evaluator and stakeholders, as well as threats to using the evaluation findings.

Unfortunately, there is no evaluation template that will help stakeholders make these methodology decisions, and there are no magical strategies to offer other than revisiting the question: "Is the methodology focused on providing intended users with information they can use?" There are steps, however, that the evaluator can take to help stakeholders better understand the program in order to make informed suggestions related to the evaluation methodology decisions:

- Assess the points in the program's intervention where evaluation would be the least intrusive and where conducting the evaluation would be most clinically relevant.

- Assess the feasibility of using existing staff as data collectors.

- Identify alternative data collectors (e.g., receptionists, research assistants).

- Assess the feasibility of using existing administrative and clinical records as data sources.

- Develop and/or locate alternative data sources (e.g., standardized instruments).

Having a better sense of the program's flexibility and its readiness to be evaluated will lead to a clearer picture of what needs to be incorporated into the evaluation methodology.

IMPLEMENTING THE EVALUATION

When it is time to implement the evaluation, various stakeholders may have different ideas about how to proceed. The evaluator may be excited and anxious to start collecting data. Program administrators may be distracted by new mandates or the every day crises that arise in doing HIV-related work. Staff may be nervous and unsure about what evaluation will mean to their day-to-day work life and their treatment approach with clients. Other stakeholders may be tired from the process and/or exhibit a combination of these feelings. Before the group embarks on this next stage of the evaluation, it is important to recognize all the hard work that has gone into the evaluation process so far. It is truly a milestone. After that is acknowledged, it is time to implement the evaluation. What follows are action steps taken by many of the evaluators and program administrators within the 11 Demonstration projects that helped make implementation more successful.

At the end of the pilot period, convene a meeting with program administrators, staff, and data collectors to discuss problems and solutions related to implementation. The evaluator must be ready to listen with an open mind and a non-defensive approach because there will be issues to work through. It helps to reframe these "problem-solving" meetings as "relationship building" meetings because it promotes continued enthusiasm and support for all members of the evaluation and clinical teams. If decisions have been made about the changes to the evaluation procedures and processes, incorporate them into both written and visual materials.

The evaluator and stakeholders need to be flexible, creative, and understanding of the many issues that may arise during the implementation phase. These include changes in the organization and program, changes in the epidemic, and tension between clinical and evaluation needs. Part of the evaluation may involve tracking these changes, noting occurrences of tension, and integrating observations with changes in client and program outcomes. Part of the evaluation may also involve giving stakeholders feedback on a regular basis about the effect of these changes and issues on client and program outcomes.

Evaluation, Implementation, Action Steps

- Conduct a series of staff trainings related to implementing the evaluation. Encourage participants to raise potential obstacles and solutions. Acknowledge fears and discomfort around changing the staff's routine. Reassure staff that, for most of them, it will become natural to blend evaluation into their clinical work over time.

- Conceptualize the evaluation for clinicians in such a way that it can provide valuable feedback for the treatment of their clients.

- Develop confidentiality procedures. Create the consent form for clients to sign before participating in the evaluation. Develop procedures for storing and accessing data on-site and off-site. Develop and/or utilize existing client identification system.

- Devise written procedures for staff around administering instruments, entering or storing data, and sending data to the evaluator (see Appendix H for an example of written procedures for the Chicago Project's service encounter record). While this task may take a long time to accomplish, staff appreciate having a written reference.

- Pilot the evaluation over a four-to-six week period—or longer if the evaluation is more involved. During this period, give program administrators and staff permission to make mistakes. Reinforce that there is a learning curve involved in implementing new processes and procedures. Encourage staff to document any problems, solutions tried, and results as they occur in order to present it accurately in future problem-solving sessions.

- Establish expectations. Give administrators and staff expectations of how the evaluator is going to maintain communication. Ask staff for best ways and times to communicate. Provide staff with information about who to contact (and their back-up contacts) should problems arise.

- Establish timetables that clarify when staff will be interviewed, when record abstractions will be conducted, and when written and verbal feedback will be provided.

**Important Steps to Take
With Stakeholders
During the Analysis Phase**

- The evaluator is responsible for analyzing the data first, explaining how this was accomplished, and sharing the findings with stakeholders. Findings should be presented in multiple ways (e.g., written, orally, and visually) so that each stakeholder has an opportunity to understand them and respond.

- Stakeholders should have the first stab at interpreting the evaluation results. The evaluator should facilitate a discussion with stakeholders and insert his/her own interpretations and recommendations as the discussion progresses.

- Stay focused on the findings that will be the most useful for intended users. It may be tempting to discuss all the findings at the same intensity, but stakeholders will lose interest if too much information is presented and discussed.

- Recommendations need to be carefully developed and clearly connected to the evaluation findings. Too many programs fail to do this because stakeholders want to present the "news" or a grant proposal or program report would benefit from have the evaluation findings included. Work through the recommendations until they are mutually satisfying.

ANALYZING AND
INTERPRETING THE DATA

The data analysis and interpretation phase occurs when the evaluator and stakeholders convene to look at the data and determine what it means. There is a difference between analyzing and interpreting data. Data analysis involves organizing the data in a systematic way (i.e., constructing statistical tables if quantitative data is being collected) and arranging the data in an orderly and easily understood format. Interpretation involves deciding what the data mean, providing reasons for the findings, and assigning importance to the findings.

The procedures that the program uses to analyze data will be defined mostly by the evaluation questions and design. A description of the different ways to analyze quantitative and qualitative data is beyond the scope of this chapter. There are several issues that may influence the analysis of the data, including:

- **Competing projects for the evaluator.** *The evaluator likely will be involved in other projects. The evaluator should be encouraged to be up front about his/her situation so that negotiations can be made to possibly make the analysis a higher priority.*

- **Qualitative versus quantitative analysis.** *It takes much longer—and usually costs more—to perform a qualitative analysis than a quantitative analysis because it takes more effort to develop and utilize a systematic framework for organizing and extracting qualitative data into meaningful units of analysis; qualitative data is frequently converted (i.e., transcribed from audiotaped interviews or archival records) before it is analyzed; and there are many statistical packages that allow for quicker quantitative analysis.*

- **Accuracy of the data.** *In circumstances where the completion of forms or instruments has gone unchecked for any period of time, there may be problems with the accuracy of the data. Examples include periods of time during which client services were not tracked because of staff turnover; a failure to train new staff on how to complete instruments as intended; and a natural tendency for trained staff to forget how to complete instruments. When situations such as these arise after the fact, it may stall data analysis if the evaluator and stakeholders decide to somehow retrieve and enter the data.*

Stay focused on the findings that will be most useful

DISSEMINATING THE EVALUATION FINDINGS

As experienced in the Demonstration Program, the dissemination of evaluation findings varied greatly from site to site. Some sites disseminated findings internally to program staff, while other sites disseminated findings to professional audiences. The nature of dissemination is a matter for negotiation between the evaluator and stakeholders. Not everybody is going to be as excited as the evaluator and stakeholders are about the findings and recommendations. The reality is that most evaluation reports end up on a funder's shelf or under a pile of other unread reports. It is the joint responsibility of the evaluator and stakeholders to ensure that this does not happen. Some ways to accomplish this are:

- **Know the audience**. Different audiences will be interested in different types of information. For example, a presentation of the findings at a local coalition meeting probably will be less formal, require some handouts, and involve questions from the audience that are more specific to sharing of similar experiences or "gut instincts" from the audience. On the other hand, a presentation of the findings to the local Ryan White council may be more formal, require more visual rather than written materials, and involve questions from the audience that may be more specific to the target population's response to the evaluation.

- **Take on a marketing stance**. In order to disseminate the findings, the evaluator and stakeholders may need to reframe their thinking and roles. They have to think like marketing agents and get the message out. The character of the message is critical. Evaluation findings will need to be translated into whatever languages are spoken by the target audiences. If this stance seems beyond the evaluator's and/or stakeholders' skills and abilities, a marketing consultant can be hired to do the job.

- **Use multiple strategies to reach multiple audiences**. Multiple strategies (e.g., written vs. verbal, executive summary vs. complete description, slides vs. handouts) will need to be devised to present the findings and recommendations for multiple audiences. It also is important to have different combinations of the evaluator and stakeholder group (e.g., clinician and evaluator; client, funder, and evaluator) present the findings.

- **Have these discussions during the development of the evaluation**. Although it may seem odd to have a discussion about how, to whom, and where to present the evaluation findings and recommendations during the development of the evaluation, these discussions will help the evaluator and stakeholders focus their methodology and questions on how the information will be gathered and how it will be used.

People who participate in successful program evaluations from its development through implementation and dissemination usually look forward to the next opportunity to do so again. Because it is so critical to conserve time, dollars, and effort in finding ways to help people with HIV live better lives, program evaluations need to be done completely and effectively so that the most useful information can be shared with stakeholders and others who share the program's mission and vision.